

CONTRACT DATA REQUIREMENTS LIST <i>(1 Data Item)</i>						Form Approved OMB No. 0704-0188		
Public reporting burden for the collection of information is estimated to average 110 hours per response, including the time for reviewing instructions , searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send completed form to the Government issuing Contracting Officer for the Contract/PR No. listed in Block E.								
A. CONTRACT LINE ITEM NO. 0001		B. EXHIBIT A		C. CATEGORY: <input type="checkbox"/> TDP <input type="checkbox"/> TM <input type="checkbox"/> OTHER MISC				
D. SYSTEM/ITEM RESTORATION SERVICES			E. CONTRACT/PR NO. N65236-97-R-0327		F. CONTRACTOR			
1. DATA ITEM NO. A001		2. TITLE OF DATA ITEM. TECHNICAL REPORT - STUDY/SERVICES			3. SUBTITLE: INVOICE REPORT			
4. AUTHORITY (Data Acquisition Document No.) DI-MISC-80508			5. CONTRACT REFERENCE SOW PARA. 3.5.1			6. REQUIRING OFFICE NE CODE 62		
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED N/A	10. FREQUENCY MTHLY	12. DATE OF FIRST SUBMISSION SEE BLOCK 16		14. DISTRIBUTION			
8. APP CODE N/A		11. AS OF DATE 0	13. DATE OF SUBSEQUENT SUBMISSION N/A		a. ADDRESSEE		b. COPIES	
							Draft	Final Reg Repro
16. REMARKS BLOCK 4: In section 10.2, delete all after 10.2(a) and replace with the following: (b) All SUB CLINs with labor hours/dollars authorized in the basic contract; (c) Delivery Order numbers and modifications, issue date, expiration date, completion date, and ceiling price; (d) SUB CLIN labor hours/dollars funded (authorized) by each Delivery Order; (e) SUB CLIN labor hours/dollars charged on current invoice and to date; (f) Funded SUB CLIN labor hours/dollars unexpended (not invoiced); (g) Percentage of labor hours/dollars authorized in the basic contract that have been funded/invoiced; (h) Total dollars charged to date against each Delivery Order; (i) Itemized travel costs charged to this invoice by Delivery Order; (j) Itemized list of CFM by Delivery Order billed on this invoice, including Source, Part no., Description, Quantity, Unit price, and Extended price; (k) Status of each Delivery Order, including work completed, remaining effort, and projected completion date; (l) Narrative section for detailed explanations of delays in performance schedules and circumstances which have resulted in current projections of remaining effort differing from previous projections. BLOCK 12: To be delivered concurrent with invoice.					N65236 NE COR			3
					15. TOTAL ➡			
G. PREPARED BY HARRIET V. ANTHONY		H. DATE 18DEC96		I. APPROVED NORMAN W. KENNEDY		J. DATE 18 DEC96		

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (2 Data Items)										Form Approved OMB No. 0704-0188		
Public reporting burden for the collection of information is estimated to average 220 hours per response, including the time for reviewing instructions , searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send completed form to the Government issuing Contracting Officer for the Contract/PR No. listed in Block E.												
A. CONTRACT LINE ITEM NO. 0001			B. EXHIBIT A			C. CATEGORY: <input type="checkbox"/> TDP <input type="checkbox"/> TM <input type="checkbox"/> OTHER <u> </u> MISC						
D. SYSTEM/ITEM RESTORATION SERVICES					E. CONTRACT/PR NO. N65236-97-R-0327			F. CONTRACTOR				
1. DATA ITEM NO. A002		2. TITLE OF DATA ITEM. TECHNICAL REPORT - STUDY/SERVICES					3. SUBTITLE: TRIP REPORT					
4. AUTHORITY (Data Acquisition Document No.) DI-MISC-80508					5. CONTRACT REFERENCE SOW PARA. 3.9.1					6. REQUIRING OFFICE NE CODE 62		
7. DD 250 REQ. LT		9. DIST STATEMENT REQUIRED		10. FREQUENCY ASREQ		12. DATE OF FIRST SUBMISSION SEE BLK 16		14. DISTRIBUTION				
8. APP CODE N/A		N/A		11. AS OF DATE N/A		13. DATE OF SUBSEQUENT SUBMISSION N/A		a. ADDRESSEE		b. COPIES		
										Draft	Reg	Final Repro
16. REMARKS BLOCK 4: Para. 10.2(a), replace with the following: Title Page - includes contract number, location and date of trip. Para 10.2(c), replace with the following: Includes the following: (1) purpose of trip; (2) list of the personnel by name and job title who traveled; (3) dates and specific destination/s. Para 10.2(d), replace with the following: describe the technical service performed, personal observations, equipment condition, and status upon departure. Include the signature of the company official authorizing the trip, the signature of the lead technician performing the service, and the signature of the Government representative accepting the service with his rank/grade/title/position and date of acceptance. BLOCK 12: Report due 15 days after completion of trip.								NE COR			1	
								NE CODE 621			2	
								15. TOTAL ➡			3	
1. DATA ITEM NO. A003		2. TITLE OF DATA ITEM. TECHNICAL REPORT - STUDY/SERVICES					3. SUBTITLE: PERSONNEL STATUS REPORT					
4. AUTHORITY (Data Acquisition Document No.) DI-MISC-80508					5. CONTRACT REFERENCE SOW SECTION C8 (c)					6. REQUIRING OFFICE NE CODE 62		
7. DD 250 REQ. LT		9. DIST STATEMENT REQUIRED		10. FREQUENCY ONE/R		12. DATE OF FIRST SUBMISSION 10DAC		14. DISTRIBUTION				
8. APP CODE N/A		N/A		11. AS OF DATE N/A		13. DATE OF SUBSEQUENT SUBMISSION SEE BLOCK 16		a. ADDRESSEE		b. COPIES		
										Draft	Reg	Final Repro
16. REMARKS BLOCK 4: Report shall include as a minimum: Employee Name, Work Section currently assigned, Labor SUB CLIN being charged, Job Title/Responsibilities, and Resume. BLOCK 10: Revisions required when personnel changes are made, or job responsibilities or work sections change. BLOCK 13: Revisions are due 10 days after changes are effective.								NE COR			1	
								NE CODE 621			2	
								15. TOTAL ➡			3	
G. PREPARED BY				H. DATE		I. APPROVED				J. DATE		

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A. CONTRACT LINE ITEM NO. 0001		B. EXHIBIT A		C. CATEGORY: <input type="checkbox"/> TDP <input type="checkbox"/> TM <input type="checkbox"/> OTHER <u>QCIC</u>				
D. SYSTEM/ITEM RESTORATION SERVICES			E. CONTRACT/PR NO. N65236-97-R-0327		F. CONTRACTOR			
1. DATA ITEM NO. A004		2. TITLE OF DATA ITEM. PRODUCT ASSURANCE QUALITY PROGRAM PLAN		3. SUBTITLE: PRODUCT ASSURANCE QUALITY PROGRAM PLAN				
4. AUTHORITY (Data Acquisition Document No.) DI-QCIC-81198			5. CONTRACT REFERENCE SOW PARA. 3.7.3.1		6. REQUIRING OFFICE NE CODE 62			
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY ONE/R	12. DATE OF FIRST SUBMISSION WITH PROPOSAL					
8. APP CODE A	N/A	11. AS OF DATE N/A	13. DATE OF SUBSEQUENT SUBMISSION 20DARC					
16. REMARKS BLOCK 4: The program plan will use the applicable sections of the ISO-9000 series as a guide for developing the method of demonstrating product quality. The plan shall address contractor procedures which reflect the elements of ISO-9000 applicable to this contract. The plan shall include written procedures necessary to maintain an effective quality program.				14. DISTRIBUTION				
				a. ADDRESSEE	b. COPIES			
					Draft	Reg	Final Repro	
				NE COR			1	
				NE CODE 621			2	
				15. TOTAL ➡			3	
1. DATA ITEM NO. A005		2. TITLE OF DATA ITEM. PROCEDURES, TEST		3. SUBTITLE: TEST PROCEDURES				
4. AUTHORITY (Data Acquisition Document No.) UDI-T-23732B			5. CONTRACT REFERENCE SOW PARA. 3.8.1		6. REQUIRING OFFICE NE CODE 62			
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY ASREQ	12. DATE OF FIRST SUBMISSION SEE BLOCK 16					
8. APP CODE A	N/A	11. AS OF DATE N/A	13. DATE OF SUBSEQUENT SUBMISSION 10DARC					
16. REMARKS BLOCK 12: Test procedures are due no later than 30 days prior to scheduled test. BLOCK 13: Government review time is 15 days after receipt.				14. DISTRIBUTION				
				a. ADDRESSEE	b. COPIES			
					Draft	Reg	Final Repro	
				NE COR			1	
				NE CODE 621			2	
				15. TOTAL ➡			3	
G. PREPARED BY		H. DATE	I. APPROVED		J. DATE			

18. ESTIMATED
TOTAL PRICE

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TOTAL PRICE

HARRIET V. ANTHONY

18DEC96

NORMAN W. KENNEDY

18DEC96

CONTRACT DATA REQUIREMENTS LIST <i>(2 Data Items)</i>						Form Approved OMB No. 0704-0188			
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A. CONTRACT LINE ITEM NO. 0001		B. EXHIBIT A		C. CATEGORY: <input type="checkbox"/> TDP <input type="checkbox"/> TM <input checked="" type="checkbox"/> OTHER <u> X </u>					
D. SYSTEM/ITEM RESTORATION SERVICES			E. CONTRACT/PR NO. N65236-97-R-0327		F. CONTRACTOR				
1. DATA ITEM NO. A006		2. TITLE OF DATA ITEM. PROPOSAL, TEST CHANGE			3. SUBTITLE: TEST PROCEDURE CHANGE PROPOSAL				
4. AUTHORITY (Data Acquisition Document No.) DI-G-26391B			5. CONTRACT REFERENCE SOW PARA. 3.8.2			6. REQUIRING OFFICE NE CODE 62			
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY ASREQ	12. DATE OF FIRST SUBMISSION SEE BLOCK 16		14. DISTRIBUTION				
8. APP CODE A	N/A	11. AS OF DATE N/A	13. DATE OF SUBSEQUENT SUBMISSION 10DARC		a. ADDRESSEE		b. COPIES		
							Draft	Final	
							Reg	Repro	
16. REMARKS BLOCK 4: In section 7.1, delete "a means of test documentation change control required by the Total Ship Test Program for Ship Production" in its entirety. Delete section 10.2 in its entirety. BLOCK 12: Proposed changes to test procedures are due no later than 30 days prior to scheduled test. BLOCK 13: Government review/approval time is 15 days after receipt.					NE COR			1	
					NE CODE 621			2	
15. TOTAL ➡						3			
1. DATA ITEM NO. A007		2. TITLE OF DATA ITEM. TECHNICAL REPORT - STUDY/SERVICES			3. SUBTITLE: EQUIPMENT REPAIR/MANUFACTURE HISTORY				
4. AUTHORITY (Data Acquisition Document No.) DI-MISC-80508			5. CONTRACT REFERENCE SOW 3.3.3.2			6. REQUIRING OFFICE NE CODE 62			
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY QRTLY	12. DATE OF FIRST SUBMISSION 105DADO		14. DISTRIBUTION				
8. APP CODE NO	N/A	11. AS OF DATE 0	13. DATE OF SUBSEQUENT SUBMISSION 15DARP		a. ADDRESSEE		b. COPIES		
							Draft	Final	
							Reg	Repro	
16. REMARKS BLOCK 4: In section 10.2, delete paragraphs (b) through (d) and replace with the following: "(b) Section I - historical data for each equipment overhauled or repaired; the following data elements shall be included as a minimum: NSN/part number; serial number; model number; nomenclature, description/noun name; total labor hours to overhaul/repair; repair parts/material cost; other repair costs; repair completion date; Delivery Order Number; cause of failure/reason for repair/overhaul; and summary of repair action. (c) Section II - historical data for each item manufactured; the following data elements shall be included as a minimum: NSN/part number; model number; nomenclature; description/noun name; drawing number/step file number; total labor hours to manufacture; material cost; other manufacture costs; date of manufacture; Delivery Order Number; quantity manufactured; and indicate if item was for a field change kit.					NE COR			1	
					NE CODE 621			2	
15. TOTAL ➡						3			
G. PREPARED BY HARRIET V. ANTHONY		H. DATE 18DEC96		I. APPROVED NORMAN W. KENNEDY			J. DATE 18DEC96		

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A. CONTRACT LINE ITEM NO. 0001		B. EXHIBIT A		C. CATEGORY: <input type="checkbox"/> TDP <input type="checkbox"/> TM <input type="checkbox"/> OTHER <u>MISC</u>	
D. SYSTEM/ITEM RESTORATION SERVICES		E. CONTRACT/PR NO. N65236-97-R-0327		F. CONTRACTOR	
1. DATA ITEM NO. A008		2. TITLE OF DATA ITEM. PHYSICAL INVENTORIES REPORT		3. SUBTITLE: PHYSICAL INVENTORY/USAGE REPORT	
4. AUTHORITY (Data Acquisition Document No.) DI-MGMT-80259		5. CONTRACT REFERENCE SOW PARA. 3.4.1		6. REQUIRING OFFICE NE CODE 62	
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY ANNLY	12. DATE OF FIRST SUBMISSION SEE BLOCK 16	14. DISTRIBUTION	
8. APP CODE A	N/A	11. AS OF DATE 30	13. DATE OF SUBSEQUENT SUBMISSION 20DARC	a. ADDRESSEE	b. COPIES
					Draft Reg Final Repro
16. REMARKS BLOCK 4: In section 10.1.1, replace (e) with the following "As of Date - Date inventory conducted"; add the following requirements, "r. Total ordered/GFM - Total CFM purchased or GFM provided, s. Total consumed, t. Shelf life code, u. Shelf life date". Provide a separate list within the report of items which have zero usage during the reporting period. Also provide a separate list of new items recommended to stock and current items recommended for increased quantities. BLOCK 12: Due date is the end of each contract year.				NE COR	1
				NE CODE 621	2
1. DATA ITEM NO. A009		2. TITLE OF DATA ITEM. TECHNICAL AND MANAGEMENT WORK PLAN		3. SUBTITLE: STATISTICAL PROCESS CONTROL SYSTEM PLAN	
4. AUTHORITY (Data Acquisition Document No.) DI-MGMT-81117		5. CONTRACT REFERENCE SOW PARA. 3.7.4.1		6. REQUIRING OFFICE NE CODE 62	
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY ONE/R	12. DATE OF FIRST SUBMISSION 90DAC	14. DISTRIBUTION	
8. APP CODE A	N/A	11. AS OF DATE N/A	13. DATE OF SUBSEQUENT SUBMISSION 30DARC	a. ADDRESSEE	b. COPIES
					Draft Reg Final Repro
16. REMARKS BLOCK 4: In section 3.1, delete all after "Statement" and add "Statistical Process Control System." In section 10.1.1, delete all after "title". In section 10.2, delete "substantiate... Government to" and delete the last sentence beginning with "The plan". Delete the remaining paragraphs beginning with 10.2.1.				NE COR	1
				NE CODE 621	2
G. PREPARED BY		H. DATE		I. APPROVED	
				J. DATE	

17. PRICE GROUP

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A. CONTRACT LINE ITEM NO. 0001		B. EXHIBIT A	C. CATEGORY: <input type="checkbox"/> TDP <input type="checkbox"/> TM <input type="checkbox"/> OTHER <u>MGMT</u>	
D. SYSTEM/ITEM RESTORATION SERVICES		E. CONTRACT/PR NO. N65236-97-R-0327	F. CONTRACTOR	
1. DATA ITEM NO. A010	2. TITLE OF DATA ITEM. REQUEST FOR GOVERNMENT FURNISHED MATERIAL		3. SUBTITLE: REQUEST FOR GOVERNMENT FURNISHED MATERIAL	
4. AUTHORITY (<i>Data Acquisition Document No.</i>) DI-MGMT-80408A		5. CONTRACT REFERENCE SOW PARA. 3.4.1		6. REQUIRING OFFICE NE CODE 62
7. DD 250 REQ. NO	9. DIST STATEMENT REQUIRED	10. FREQUENCY ASREQ	12. DATE OF FIRST SUBMISSION ASREQ	14. DISTRIBUTION
8. APP CODE N/A	N/A	11. AS OF DATE N/A	13. DATE OF SUBSEQUENT SUBMISSION N/A	a. ADDRESSEE
				b. COPIES
				Draft Reg Final Repro
16. REMARKS BLOCK 4: In section 10.1, delete all after "be" and add "the Government furnished form U.S. GPO 1995-644-561/T8414, Material Procurement Control." In section 10.2, delete "as follows:" and add "the information required on the Government furnished Material Procurement Control form." Delete sections 10.2.1 through 10.2.24. BLOCK 7: The completed Material Procurement Control forms may be hand-delivered to the COR for processing.				NE COR
				15. TOTAL ➡
1. DATA ITEM NO. A011	2. TITLE OF DATA ITEM. TECHNICAL REPORT - STUDY/SERVICES		3. SUBTITLE: INDUCTION/WORK IN PROCESS/SHIPPING REPORT	
4. AUTHORITY (<i>Data Acquisition Document No.</i>) DI-MISC-80508		5. CONTRACT REFERENCE SOW PARA. 3.3.3.1		6. REQUIRING OFFICE NE CODE 62
7. DD 250 REQ. LT	9. DIST STATEMENT REQUIRED	10. FREQUENCY WEEKLY	12. DATE OF FIRST SUBMISSION 10DADO	14. DISTRIBUTION
8. APP CODE N/A	N/A	11. AS OF DATE 0	13. DATE OF SUBSEQUENT SUBMISSION 5DARP	a. ADDRESSEE
				b. COPIES
				Draft Reg Final Repro
16. REMARKS BLOCK 4: In section 10.2, delete all after (a) and replace with the following: "(b) Job Order Numbers, including Slave numbers, for items induced, (c) Item descriptions, including NSN, (d) Date work started, (e) Current work station in process, (f) Job Order Numbers, including Slave numbers, for items shipped, (g) Date shipped, (h) Job Order Numbers, including Slave numbers, for items induced but not in process and reason, (i) List of items received but not induced, including NSN, description, condition code, (j) Planned completion/shipping dates of all items induced, (k) Other narrative information, as necessary."				NE COR
				NE CODE 621
				15. TOTAL ➡
G. PREPARED BY	H. DATE	I. APPROVED	J. DATE	

18. ESTIMATED TOTAL PRICE	
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[illegible]

18. ESTIMATED
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RESTORATION SERVICES

MATERIAL PROCUREMENT CONTROL			MODULE MAINTENANCE FACILITY		19. PLANNER	20. P.C.N.	REQUISITION	
1. DATE	2. SECTION	3. SYSTEM	22. ALTERNATE P/N			23. ALTERNATE N.S.N.		
4. JOB ORDER NUMBER			5. DESCRIPTION			24. S.O.S.		25. COST
6. KEY OP	7. TURN IN YES <input type="checkbox"/> NO <input type="checkbox"/>					26. QA NOT APPROVAL REQUIRED <input type="checkbox"/>		
8. DRAWING/PART NUMBER								
9. N.S.N.								
10. APL/DWG/O.D.		11. QTY						
12. TFRR NUMBER/TEST SET								
13. END USE P/N								
14. END USE N.S.N.								
15. MECHANIC								
16. FOREMAN (PRINT)								
17. APPROVAL			27. QUALITY ASSURANCE					
18. GFMN APPROVAL URGENT <input type="checkbox"/> SPECIAL <input type="checkbox"/>			28. QA NO.		29. QA REVWD		30. DATE	
			31. QA ACCEPTED		32. DATE			

U.S. GPO: 1995-644-561/T8414

PRODUCT QUALITY DEFICIENCY REPORT					<input type="checkbox"/> CATEGORY I <input type="checkbox"/> CATEGORY II	
1a. FROM (Originator)				2a. TO (Screening point)		
1b. NAME, TELEPHONE NO. AND SIGNATURE		1c. DATE	2b. NAME, TELEPHONE NO. AND SIGNATURE		2c. DATE	
3. REPORT CONTROL NO.	4. DATE DEFICIENCY DISCOVERED	5. NATIONAL STOCK NO. (NSN)		6. NOMENCLATURE		
7a. MANUFACTURER/CITY/STATE		7b. MFRS. CODE	7c. SHIPPER/CITY/STATE		8. MFRS. PART NO.	
9. SERIAL/SOT/BATCH NO.	10a. CONTRACT NO.	10b. PURCHASE ORDER NO.	10c. REQUISITION NO.		10d. GBL NO.	
11. ITEM REPAIRED/ <input type="checkbox"/> NEW <input type="checkbox"/> OVERHAULED		12. DATE RECD., MFRD, REPAIRED, OR OVERHAULED		13. OPERAING TIME AT FAILURE	14. GOVERNMENT FURNISHED MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. QUANTITY		a. RECEIVED	b. INSPECTED	c. DEFICIENT		d. IN STOCK
16. DEFICIENT ITEM WORKS ON/WITH	a. END ITEM <small>(Aircraft, mower, etc.)</small>	(1) TYPE/MODEL/SERIES				(2) SERIAL NO.
	b. NEXT HIGHER ASSEMBLY	(1) NATIONAL STOCK NO. (NSN)	(2) NOMENCLATURE		(3) PART NO.	(4) SERIAL NO.
17. UNIT COST \$		18. ESTIMATED REPAIR COST \$		19a. ITEM UNDER WARRANTY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		19b. EXPIRATION DATE
20. WORK UNIT CODE/EIC (Navy and Air Force Only.)						
21. ACTION/DISPOSITION <div style="text-align: center; margin-top: 5px;"> RELEASED FOR RETURNED DISPOSED </div> OTHER (Explain <input type="checkbox"/> HOLDING EXHIBIT FOR ____ DAYS <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> TO STOCK <input type="checkbox"/> OF <input type="checkbox"/> REPAIRED <input type="checkbox"/> in Item 22)						
22. DETAILS (Describe, to best ability, what is wrong, how and why, circumstances prior to difficulty, description of difficulty, cause, action taken, including disposition, recommendations. Attach copies of supporting documents. Continue on separate sheet if necessary.)						
23. LOCATION OF DEFICIENT MATERIAL						
24a. TO (Action Point)			25A. TO (Support Point) (Use Items 26 and 27 if more than one)			
24b. NAME, TELEPHONE NO. AND SIGNATURE		24c. DATE	25b. NAME, TELEPHONE NO. AND SIGNATURE		25c. DATE	
26a. TO (Support Point)			27a. TO (Support Point)			
26b. NAME, TELEPHONE NO. AND SIGNATURE		26c. DATE	27b. NAME, TELEPHONE NO. AND SIGNATURE		25c. DATE	

PROPOSAL COVER SHEET <i>(Cost or Pricing Not Required)</i>			1. SOLICITATION/CONTRACT/MODIFICATION NUMBER			OMB NO.: 9000-0013 Expires: 09/30/98		
<small>Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405.</small>								
2a. NAME OF OFFEROR			3a. NAME OF OFFEROR'S POINT OF CONTACT			3c. TELEPHONE		
2b. FIRST LINE ADDRESS			3b. TITLE OF OFFEROR'S POINT OF CONTACT			AREA CODE		NUMBER
2c. STREET ADDRESS								
2d. CITY	2e. STATE	2f. ZIP CODE	4. TYPE OF CONTRACT ACTION (Check) <div style="text-align: center;">5.</div>					
5. TYPE OF CONTRACT (Check) <input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER (Specify)			<input type="checkbox"/> A. NEW CONTRACT		<input type="checkbox"/> D. LETTER CONTRACT			
			<input type="checkbox"/> B. CHANGE ORDER		<input type="checkbox"/> E. UNPRICED ORDER			
			<input type="checkbox"/> C. PRICE REVISION/REDETERMINATION		<input type="checkbox"/> F. OTHER (Specify)			
PLACE(S)			6. PERFORMANCE			PERIOD(S)		
a.						a.		
b.						b.		
c.						c.		
7. List and reference the identification, quantity and total price proposed for each contract line item. (Continue on reverse, if necessary. Use same headings)								
a. LINE ITEM NO.		b. IDENTIFICATION		c. QUANTITY		d. TOTAL PRICE		e. PROP. REF PAGE
8. PROVIDE THE FOLLOWING (if available)								
NAME OF CONTRACT ADMINISTRATION OFFICE				NAME OF AUDIT OFFICE				
STREET ADDRESS				STREET ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE	NUMBER		
<small>This proposal is submitted in response to the solicitation, contract, modification, etc. in Item 1. By submitting this proposal, the offeror, if selected for discussions, grants the contracting officer or an authorized representative the right to examine, at any time before award, any of those books, records, documents, or other records directly pertinent to the information requested or submitted. See instructions at Table 15-3.</small>								
9a. NAME OF OFFEROR (Typed)				10. NAME OF FIRM				
9b. TITLE OF OFFEROR (Typed)								
11. SIGNATURE						12. DATE OF SUBMISSION		
12.								

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